



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

DECLARATION OF SUPPORT PAYMENTS

NONCUSTODIAL PARENT'S FULL NAME	IV-D CASE NUMBER
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List the child support you received from the above-named responsible parent for each month of the last ten years.

YEAR					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

YEAR					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

Signed at _____, Washington

DATE	YOUR SIGNATURE
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